

RFP #0634-230
MHD Involuntary Treatment Act Study
Questions and Answers

1. Question: My question has to do with Section III (Proposal Contents) and involves two paragraphs in that Section. First, Section III B (Format of Proposal, fourth bullet) requires that a proposal "identify each copy of your proposal by including Proposal to RFP #0634-230; the title of this RFP, Mental Health Housing Plan; and your name on the front cover." Is this particular provision incorrect? The title of this particular RFP, according to your website, is "MHD Involuntary Treatment Act Study." The "Mental Health Housing Plan" study is listed as RFP # 0634-228, so I wonder whether this is simply an error here.

Answer: Yes. The RFP is being amended and the bullet will reflect the correct title: Involuntary Treatment Act Study.

2. Question: Second, and related to the first question, Section III F (Management, Experience, and Qualifications Proposal) states that "Bidders and their key team members must have conducted a minimum of three (3) successful projects with a focus on housing for persons with mental illness or other disabilities. At least one of the projects must have been of similar scope and complexity." Is this provision supposed to be part of this particular RFP? Its requirement of demonstrated experience with housing seems out of place here, given that the rest of the RFP focuses on involuntary commitment and forensics. The section in question also appears in RFP #0634-228 (Mental Health Housing Plan Study) where it seems to be more logical.

Answer: The reference to housing is an error here and the RFP is amended to indicate the required prior projects have a focus on involuntary treatment issues.

3. Question: Do HRSA and MHD already have states in mind to compare Washington to for "comparison of specific provisions of involuntary treatment statutes in Washington with other states" or will the contractor need to determine the states (page 2 of RFP, under Project Scope)?

Answer: No.

4. Question: Is the identification of financial implications relating to the recommendations for ITA changes / options for reform included within the scope of work? If so, how detailed should this analysis be?

Answer: This is not a requirement of the project.

5. Question: Has data been collected and will the data be available electronically to “review efficiency of forensic mental health program staffing levels and lengths of stay” (page 2 of RFP, under Project Scope)?

Answer: Please note that the RFP is being amended and the forensic review pieces are no longer a part of the scope of work or qualifications. The question is no longer applicable.

6. Question: Does DSHS have a budget in mind for this scope of work?

Answer: DSHS is not publishing the budget for this project.

7. Question: Is there preference for one contractor to handle all four of the RFPs released by DSHS relating to long-term care planning (mental health benefits package, ITA study, utilization review of psychiatric inpatient care, mental health housing plan)?

Answer: No, there is neither preference nor aversion to this.

8. Question: Is there preference for a WA-based organization to complete this work?

Answer: No, there is not preference for a WA- based organization. However, specific knowledge of and experience in working with Washington State’s involuntary treatment laws is preferred.

9. Question: On page 2 under Project Scope, the RFP states “review of involuntary commitment law with a focus on specific issues identified by HRSA/MHD”. Do HRSA and MHD have an idea of what specific issues they want addressed?

Answer: The identification of specific issues will be done with input from a public stakeholder process and is not determined at this time.

10. Question: With regard to competency evaluations, is it solely in the context of misdemeanors, or would the evaluations include other proceedings such as guardianships?

Answer: Please note that the RFP is being amended and the forensic review pieces are no longer a part of the scope of work or qualifications. The question is no longer applicable.

11. Question: First, the RFP indicates that the State will contract with a single vendor. Can this vendor be a University, or does the State have a preference for a sole proprietor?

Answer: The state does not have a preference for a particular type of business structure

12. Question: Second, universities often require that contracts with a university include a provision for an indirect rate, that is, that in addition to the amount of the contract, a certain percentage be added to the contract to pay incidental costs associated with contract management. Does the State of Washington have a policy on indirect costs with contracts such as the one contemplated for this RFP?

Answer: The RFP is being amended to clarify that indirect costs are limited to 10%.

13. Question: The RFP indicates that the successful bidder must maintain liability insurance, including 1 million dollars per occurrence and 2 million dollars in the aggregate. Given that the work to be done in response to this RFP involves a statutory and program review, tasks that present virtually no liability risks, would the State consider waiving this requirement for this particular RFP? If this requirement remains as part of this RFP, would the State consider a vendor that holds liability insurance with aggregate coverage of 1 million dollars but that stipulates he or she will raise coverage to 2 million dollars?

Answer: The state will not waive the liability requirements. The state would consider a vendor that stipulates he or she would raise coverage to 2 million dollars prior to the contract start date.

13. Question: On page 2 of the RFP, the first bulleted item suggests the involuntary treatment review should focus on specific issues identified by HRSA/MHD. What specific issues does HRSA/MHD have in mind other than the bulleted items?

Answer: The identification of specific issues will be done with input from a public stakeholder process and is not determined at this time.

14. Question: On page 12, in the Administrative Requirements section, the bidder is to provide a list of at least 3 references of entities for which the bidder has performed similar services. Does similar services refer to studies/review of involuntary treatment processes, or more general research/technical assistance contracting?

Answer: The Bidder should attempt to provide references that involve work that is most similar to the scope of the RFP.

15. Question: The RFP states a lead position should be filled by a mental health professional with a minimum of 15 years of experience in the mental health policy and program development, and specific experience related to involuntary treatment and forensic commitment issues. Our planned proposal will have a psychiatrist as the lead with much of these qualifications but will stress the use of a team, including a professional attorney and a separate forensic expert to assure that the necessary expertise is available. Would this be consistent with the minimum qualifications or would the proposal be deemed non-responsive if the lead him/herself does not have all the minimum requirements?

Answer: Please note that because of the elimination of forensic review as a part of the scope of work, the minimum qualifications for the lead are being amended to:

“An experienced mental health professional with a minimum of 15 years experience in development of mental health policy and programs and specific experience related to involuntary treatment and forensic commitment issues.”

As to the specific plan outlined above, the purpose of the Q&A process is to clarify the RFP document and not to provide feedback on the details of an individual response.

16. Question: To what extent does HRSA/MHD intend to work with the successful bidder on the project? E.g., will there be a staff member from HRSA/MHD working as part of the successful bidder's team and thus part of the everyday team communications/plans or would the successful bidder interface with HRSA/MHD primarily at the time of exchange of the project deliverables?

Answer: There will be a HRSA/MHD project lead who will be involved in helping to communicate with the bidder on expectations of the project, reviewing plans submitted by the bidder, and reviewing and coordinating input to drafts of deliverables. This lead will not be involved in developing these materials.